

Clinic are sound, then many other varieties of big business medicine are sound and in the best interests of the public health. None of these activities can be considered to be local. Attempts to start Cornell Clinics have already been seen in California and presumably elsewhere. If the Cornell Clinic is the best method of caring for thousands of pay patients of New York City annually, then the principle should be extended to all classes of people throughout the country. If it is unsound, unwholesome and unwise, then physicians should say so now, and say so in no unmistakable terms.

HOSPITALS AND THE CULTISTS

Certain groups of inadequately educated "healers," acting under the protective constitutional cloak of religious liberty, have succeeded thus far in having themselves widely admitted to be "above the laws" regulating the practice of the healing art. Certain other groups of ignorant or inadequately educated healers have succeeded in California and certain other places in having the laws so modified as to allow them to license themselves to practice medicine and otherwise assume the responsibilities once the sole prerogative of specially educated professional men and women. These "doctors above the law" and "doctors by law," instead of by education, are now active in further efforts to get control of health services by invading hospitals, laboratories, public health services, clinics, etc., again using politics, legislation and law, instead of education, as the weapons for their offensive. They apparently do not wish their own hospitals for their own purposes, *because there is no objection to this*, and it seems fair to assume they are afraid of the consequences of full responsibility that operating their own hospitals would entail. They want to crowd themselves into hospitals operated for and by educated physicians, and force—by law and politics—these educated physicians to work with them as "fellow practitioners." In a word, they want the safe cloak of intelligence to produce the shadows they require to "get away" with the consequences of their ignorance.

These "sciosophists," as Doctor David Starr Jordan has grouped them in BETTER HEALTH MAGAZINE, find their best opportunities to destroy hospitals as agencies of scientific medicine among those operated by government and in the misnamed "community hospitals," better named "political hospitals."

These are the weakest links in the hospital chain. Of the some forty county and municipal hospitals in California, less than ten are even considered important enough to list. It is exceedingly doubtful if the "sciosophists" could make poorer excuses for hospitals out of most of them than they now are, and the inevitable reaction that must come before the hospitalization of the poor is upon even a decent basis might be hastened by turning the majority of county hospitals over to the "sciosophists" *exclusively*. Such action cannot, of course, be recommended, but if it occurs, as has already happened in part in a few instances, what is now a perpetual disgrace might become a tragedy of such magnitude

as to jar public opinion from its complacency and too obvious indifference.

Of the small minority of acceptably operated county hospitals, "sciosophistic" efforts to burrow in must certainly be resisted. They are making a lot of noise on the cellar doors of—for example—the San Francisco and Los Angeles county hospitals. In the latter they have already secured "rights and privileges" that have placed the standing of that great hospital in jeopardy as an approved agency of scientific medicine and better health. Some of the other county hospitals are even less fortunate.

A most interesting situation is just developing in Santa Barbara county, where steps have been taken to build at Santa Maria a branch of the existing county hospital, and this branch hospital is to be "wide open"; which means that it will be, except in emergencies, an exclusively cult hospital supported by public funds. Of the misnamed "community" hospitals, the stories of efforts at Riverside and Long Beach, now familiar to readers of hospital literature everywhere, ought to prove more effective than has been the case in checking efforts to extend the application of this stupid idea. The shock troops of "sciosophy" are collecting about some of the State government and even National government hospitals, waiting and watching for an unguarded entrance. But by far the most tragic incident that has happened was the *repudiation* by plebiscite of the terms of acceptance of the gift of a memorial hospital by Colonel Simon J. Murphy to the people of Whittier. The story of this debacle has been so often and widely told that it needs no repetition here.

Fortunately, the great majority of hospitals are still in full control of intelligent persons and groups, who are not even tainted with "sciosophy" and are not likely to be. These include the more than half of all hospital beds operated by the Sisterhoods of the Catholic church; most, but not all, of those operated by other church organizations; most of those operated by philanthropic groups of one sort or another; practically all those operated by physicians; and the majority of those conducted by corporations and business organizations. Fortunately, also, the law gives to hospital directors and trustees *absolute authority to decide who may and may not have the privilege of practicing in their institutions.*

This is the most effective bloc that the "sciosophists" have to face in their campaign for hospital control. But they do not consider it hopeless and are working along three lines to overcome it. One sustained effort is to gradually change the controlling personnel to one more friendly. Another is to encourage any and all movements calculated to extend political regulation of hospitals; and another is to promote actively the "community hospital idea." The "sciosophists" know their political power and if they can get government supervision extended, or get hospitals to use in some way—any way—public funds, they believe their chances will be better—and they would be. One of the most interesting of these movements is the sustained effort to have hospitals declared "*public utilities*" and regulated accordingly. We took a long step in this direction when the present, in certain respects commendable, Department of Public Welfare Law was passed by the last Legislature, with jokers in it calculated to

plague every ethical hospital and other health agency in California in the not far distant future.

WHAT CAN BE DONE?

From the political angles, legislation and law enforcement, probably not much. Much recent legislation is immature and faddish; politics has become too much a matter of "bloc juggling" and law enforcement as a whole is at a remarkably low ebb. "Sciosophists" of the near doctor groups, while their more than fifty-seven varieties fight among themselves, seem to have little difficulty in presenting a united front to legislators, voters and other factors of "democracy in action." Opposed to them in this broad field are the intelligenzia, with every fellow holding to his own brand of treatment and opposed to any form of mass action. In that most effective of all power—moral influence—honesty, intelligence, and decency, still have the trump cards. Of these, one of the most effective is the widely accepted ethical ruling that educated doctors, nurses and other recognized health workers may not consult with, work for or with, or have anything whatever to do with any members of the "sciosophy" groups. True, some do violate the principles of their profession by doing these things, but they are well known, both to their colleagues and to much larger groups than they realize. These "twilight zoners" often slip over entirely and become unspeakable. It is from this group of intellectual backsliders that the "testimonials" for fake cures by "celebrated specialists" are recruited. It is from the same groups that "death certificate signers" for "sciosophists" come, and it is from them that leaders of new cures, cults and what not, are recruited.

The moral web was immeasurably strengthened when the American Medical Association, the American College of Surgeons, the American Hospital Association, and practically all other great health serving bodies, extended their restrictive ethics to include hospitals, clinics, and all other agencies of health as well as persons.

A hospital, for example, in order to have any sort of recognition, must limit those permitted to practice in it to persons of certain educational attainments and certain standards of morality. By the same token, a doctor who practices in a hospital with lower standards thereby becomes unethical and is out in the open for what he is. We gather from many letters and inquiries upon this subject that the simple facts are not as well known as they should be, and in order to further clarify and impress the subject, the following abstracts are made from recent letters from the Council on Medical Education and Hospitals of the American Medical Association; the American College of Surgeons, and the American Hospital Association to this editor and to certain hospitals (which shall be nameless) in California:

American Medical Association to W. E. Musgrave:

"The only policy to pursue from now on is to stand fast in the requirement that no hospital will be approved under any circumstances unless it confines membership on its staff to reputable practitioners who have received the degree of Doctor of Medicine from medical schools approved by the American Medical Association and that this ruling must apply

to every person permitted to treat or prescribe for the sick in the hospital. This means that no concessions for any irregulars or incompetent practitioners shall be made whether they hold the M. D. degree or not. I feel certain that you will be in full agreement with such a stand."

American Medical Association to — Hospital:

"The provision for such irregular practitioners in a wing of the hospital cannot, as I believe you will readily see, enable you to entirely separate the various services whether they be professional or non-professional, and the hospital will necessarily have to bear the same name whether it applies to the medical or irregular practitioner division. Indeed, there is no way in which the identity of the two portions of the hospital can be kept separate. *Under no circumstances can the approval of the American Medical Association be given to the practice in hospitals of any individuals, whether they have the degree of Doctor of Medicine or not, unless both educationally and morally they are qualified to intelligently and efficiently care for sick and injured people.* More serious still, however, is the legal status which will result from the arrangement you have made for irregular practitioners—a legal status which you can hardly afford to assume. The board of trustees which controls a hospital, and this refers with particular force to hospitals caring for pay patients, is legally responsible for any errors or malpractice on the part of any practitioner who is permitted to treat the sick in the hospital. *Therefore, that board will be liable for any disasters which may result through the ignorance or incompetence of the irregular practitioner.*

"If the arrangement you have made for irregular practitioners continues, I do not see how recognition can be given to your hospital, either as a place in which efficient care to its patients can be assured, or as a place where an adequate training of interns can be provided.

"The irregulars are fighting against the requirement of reasonably high educational standards throughout the country, but it seems that they are at present focusing their action on the institutions in the fair state of California. I believe you will agree with me that the greatest safety to your hospital from every point of view rests in your standing firm for the principles and educational standards which the American Medical Association is trying to uphold in the hospitals of this country."

American College of Surgeons to W. E. Musgrave:

"I want to thank you for your communication of July 6 with enclosures re conditions at the — hospital.

"I have notified them that in view of the action they have taken their standing, so far as the American College of Surgeons is concerned, is endangered. I have, however, asked for an official statement from the hospital authorities regarding their present relations to the irregulars, pending my final decision. I want to get something from them in writing. However, we have sufficient data on hand to cause us to eliminate them from our list of approved hospitals unless there is a very radical change in the near future in the present situation.

"I find that the — and the hospital at — are both playing with the irregulars, and for that reason, particularly, have been notified that we cannot give them our approval.

"— county hospital will soon have their irregular unit ready. *This will disqualify them also*, so far as hospital standardization is concerned, inasmuch as this unit is under the corporate name of the hospital which we approve as a whole and not in part.

"If county hospitals, by virtue of their nature, are obliged to submit to public or popular whims, then I feel that the county hospital system is not a sound one for future hospital development.

"If the medical profession would absolutely refuse to use hospitals which are courting the irregulars

it would settle the matter in a very definite manner, for the hospitals cannot get along without the educated doctors and their clients."

American Hospital Association to — Hospital:

"Your first vital mistake was made when funds were solicited from the public on the presumption that irregular practitioners would be given equal privileges with doctors of medicine. If this is true it would be far better to raise additional funds to repay those who contributed under these representations rather than attempt to run a hospital with the two under one roof.

"So far as this association is concerned we do not recognize a hospital whose staff admits any of the cults. We believe that a hospital is a place for the scientific care of the sick and that the trustees are *morally and legally responsible* for the application in the institution of all of the modern methods and practices generally recognized by the medical profession. We believe that the trustees have an absolute right, and are legally obligated, to choose the members of the staff and that in making such choice they should be bound by the highest standards that have been set in the country.

"I can conceive of no method whereby a decent hospital can permit osteopaths, or other cults, to practice under its corporate name while keeping faith with the public and maintaining high ideals and, because of this belief, we refuse to accept a hospital as a member of this association where such practitioners are admitted.

"It is realized that you have a practical problem to solve and that there exists considerable public sentiment in favor of the cults in your vicinity but we are convinced that only grief and disorganization can result from the sacrifice of fundamental principles and that your only salvation lies in making a determined stand for the right. *If the osteopaths want hospitals let them establish them and go to the public boldly for their funds rather than hide under the cloak of the profession of medicine whose ideals they would destroy.*

"I see no prospect of a compromise when such involves the sacrifice of the things we have so long fought for and I feel safe in saying that this association is not likely to lower its standards through the clamor of a very small minority that is endeavoring to obstruct the wheels of progress."

I might quote more at length and from additional sources, but surely enough has been said to clearly outline the issue between adequate education and morality on the one hand and the hosts of "sciosophy" on the other, at least insofar as hospitals are concerned. A similar problem is forcing itself to the front in the conduct of "clinics," the duties, responsibilities and ethics of nursing and a score or more contacts between agencies of health based upon intelligence and the machinations of the hosts of "sciosophy."

A STUDY OF SURGICAL DIAGNOSTIC ERRORS

The most accurate check yet devised to determine the errors of physicians in their clinical judgment as expressed in diagnoses is, to compare the clinical findings with the autopsy findings in a series of cases. This has been done repeatedly in various centers, but not as often as it should be.

Several months ago (January) we noted in these columns the interesting study made by Sison and Sison from the medical records of patients of the Philippine General Hospital, Manila. More recently, C. M. Reyes (Journal of the Philippine Islands Medical Association) has made a similar comparative study of the clinical and post-mortem

records of the fatal surgical cases of the same hospital during the past twelve years. This study, says the author, is an inquiry "into the extent and gross causes of the discrepancies occurring between the clinical diagnosis on one hand, and the pathological findings on the other, in 1065 surgical and gynecological cases that passed through the free wards of the Philippine General Hospital and went to autopsy during the first twelve years of its existence."

Leaving out of consideration certain conditions, the analysis of the records shows 3708 diagnoses for 1065 patients. Errors of commission (as determined by autopsy) occurred 729 times (19.6%), of which 287 or 7.7% are recorded as excusable errors. Errors of omission were 1719 or 46.3%, of which 761 or 20.5% were classed as excusable after autopsy studies. Clinical diagnoses were correct 1260 times or in 33.9%, of all the 3708 diagnoses.

A hospital like the Philippine General Hospital, where the faculty of a medical school is ex officio the staff of the hospital; where the well known Bureau of Science and the city morgue are all located upon the same campus, and where each and every clinical diagnoses found in every patient is entered upon the clinical record; where the anatomic diagnosis is made equally complete and where autopsy is secured for well over 90% of patients, offers particularly favorable opportunities for studies of this character.

It is worth noting that Reyes' findings are—as they should be—a comparison between *diagnoses* independent of the number of patients. His 1065 patients had 3708 clinical diagnoses and he did not consider many others that were of little consequence or could not be checked up by autopsy.

The showing made by the study compares favorably with somewhat similar reports elsewhere. There is some consolation in the figures and much that should stimulate clinicians to devote more serious and thorough study to their patients; and there is a sharp warning for all of us who may tend to grow careless under conditions where carelessness is paid for with health or even life.

DON'T FORGET

The Lane Medical Lectures, so fully described in the September issue of CALIFORNIA AND WESTERN MEDICINE, page 1179, are to be held in Lane Hall, Monday to Friday, November 9 to 13, 1925.

Graduate instruction in medicine seems to be the order of the day, and it is difficult to conceive how more valuable or lasting benefit may be secured by any physician in any way interested in the problems of orthopedic surgery than by attending these lectures.

Tom Sawyer on Vaccination—"I ain't denying that a thing's a lesson if it's a thing that can happen twice just the same way. There's a lot of such things, and they educate a person, that's what Uncle Abner always said; but there's forty million lots of the other kind—the kind that don't happen the same way twice—and they ain't no real use, they ain't no more instructive than the smallpox. When you've got it, it ain't no good to find out you ought to have been vaccinated, and it ain't no good to get vaccinated afterward, because the smallpox don't come but once."—Tom Sawyer Abroad.